COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN AND THEIR FAMILIES PROGRAM

Child, Adolescent and Family Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

QUARTERLY REPORT

Project Name: Children's Mental Health Initiative

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Date: March 29, 2002

Quarterly Report Period: December 2001 through February 2002

I. Goals of the Project:

 Have there been any changes in the goals of the project this quarter and for what reasons?

There have been no changes in the goals this quarter.

If there are no changes, describe progress toward achievement of the goals as described in your application.

1.) Outcome-driven service delivery, supported by rigorous evaluation.

Service providers are meeting regularly to assure coordinated services and refinements to customer satisfaction. Quality Review Team meets to review service delivery and the Community Partners committee has created a consumer satisfaction survey to be used when families who have identified issues or problems that may need to be resolved.

Please see Appendix 1., Community Partners Survey

2.) System Wide Management Information System

Data sharing continues as described previously.

3.) Enhanced involvement of consumers at all levels of the system of care.

Bylaws revisions near completion are focused on improving the opportunity for families to impact the system of care. A new Family Action Committee will be charged with the responsibility for maintaining a channel of communications with parents and families.

Six Parent Partners have been hired to help families navigate the system and to support them as they deal with the issues surrounding the care of their child.

Success stories are emerging from Wrap-around teams who are successfully empowering parents and children.

4.) Development of a Children's Trust Fund

Bylaws revisions also propose the ability to become a non-profit organization with the intent of providing sustainability beyond the grant funding. The proposed Resource Management Committee will continue the work of the Finance Committee and will expand its responsibilities to consider options for long-term financing.

5.) Expanded system of case finding, screening and assessment

The following projects were detailed in the previous Quarterly Report:

Connections Project: Blended funding project with Juvenile Justice System.

Title IVE Project: Joint project between the Division of Child and Family Services and the Clark County Regional Support Network.

School Based Projects: Funded by Mental Health proviso dollars in four schools.

6.) Cross system program for increased cultural competence

Planning continues in community outreach and researching topics for training. The current topic being explored is stigma around being a minority consumer. The discussion of how to measure the implementation of the Cultural Competency Standards is also underway.

7.) Enhanced capacity for resource mapping and asset identification

The integration of mental health services into the Family Resource Centers is being addressed as well as the role of youth in addressing depression and teen suicide on a peer-to-peer basis.

Please see Appendices 2, Clark County Suicide Prevention Plan.

Training in asset development is being planned through the Hopeworks initiative which will involve community leaders, teachers, and parents.

II. Target Population of Children who have Serious Emotional Disturbances:

Number of children newly enrolled in services this quarter only:

Males 11 Females 16 Cumulative Total: 167

Number of children served to date:

The cumulative total of 167 is the number for children served beginning in September 2001 through February 28, 2002. This total represents a revised reporting plan in response to the questions regarding the total numbers reported previously which included all children receiving services through the RSN.

 How does your enrollment effort reflect the ethnic/racial diversity of the entire geographic area defined in your application?

Current data from Portland State indicates that a higher number of ethnic/racial diversity compared to the geographic area are being served in the study population. Approximately 87% of children are White, with the area population closer to 91% White.

The largest minority population served is Black or African American at 4%. The largest ethnic culture is Russian, and no statistics are available for this population. It is estimated that this population has reached at least 20,000 making it the largest ethnic group in the area.

 Across all systems partners; how many children, as of this reporting period, are currently being served:

Out of State: Thirteen
Out of Community: Two

III. Child and Family Services/Supports:

• Which of the mandated services (as identified in the Guidance for Applicants) has been implemented?

All mandated services continue to be implemented.

The Family Services committee continues to meet monthly to review the services being delivered to families. Current efforts include the development of family surveys for consumer satisfaction. About thirty parents participated in a Family Forum on respite-care in January. The Family Services Committee has reviewed the report from the forum, which indicates that respite continues to be hard to find and/or not easily accessed. The committee will be making recommendations to the Policy Council on ways to

improve information on respite and suggestions for improved access. Recommendations will include:

- An internet site listing respite care providers
- A clearing house for respite requests
- Better information distribution on funding, agency criteria and providers.
- Development of standardized qualifications for providers while retain flexibility for natural support providers
- Use the knowledge and expertise of parents who have been through the system to improve to improve access for special needs

Reporting on Children's Long-term Inpatient Program (CLIP) comes to the committee for review on a quarterly basis.

 Have barriers to development and implementation of the mandated services been identified and how are they being addressed?

See recommendations from Respite Forum above. Additionally information will be gathered in regard to respite services available and information from the forum forwarded to the Policy Council.

Please see Appendices 3 for Family Forum Report

IV. System Level Coordination/Infrastructure and Management Structure:

• Identify management team members, listing participants by name, agency or constituency being represented, and their role on the team. Identify any changes in the make-up of the team since the previous quarterly report.

Management team members remain the same, with planned changes in the Policy Council to be undertaken at the April 11, 2002 elections. Changes will include moving to a single board rather than a Board of Trustees and a Board of Directors. Membership to the Council will be open to all persons who are involved with serving children and families in Clark County.

In place of the two boards with 25 members, there will be a single board with 17 members. This new board will include the five appointed representatives of the government agencies as before. In addition there will be 5 positions elected to represent community organizations an 7 positions elected to represent families and citizens.

Please see Appendix 4 for Questions and Answers regarding the Children's System of Care Policy Council (proposed) revisions.

 Include any new or additional public policy, including memoranda of understanding and or legislation, developed since the last report.

The proposal from Clark County to the Washington State Department of Social and Health Services is working its way through the legislature. The bill would establish Clark County as a demonstration site for statewide implementation of a Children's System of Care.

Please see Appendix 5 for proposed legislation.

List optional services (as suggested but not mandated, in the Guidance For Applicants) being provided and identify how these services are being funded, managed, and supervised?

No new optional services at this time.

 Describe linkages with universities, research projects, media, or other entities not directly involved in providing services to the target population.

Continued posting of quarterly reports on the county website, www.clark.wa.gov, as well as information presented by Portland State at Policy Council meetings, conferences, mental health agency staff meetings and school staff meetings occur on a regular basis. Many of

these presentations are available on their website, www.rri.pdx.edu/ClarkCo.

The development of partnerships with Family Resource Centers, Youth Programs, and other local initiatives continues, with information about ways to link with the System of Care a high priority.

 Have barriers to any of the above listed activities been identified and if so, how are they being addressed?

Efforts to communicate and partner with other agencies takes time and will be enhanced with improved communication tools and ongoing collaboration.

V. Cultural Competence:

 Describe efforts being made for staff of the site to reflect the diversity of the site community and any staff changes since the last quarterly report due to these efforts.

The Cultural Competence Committee is working with the RSN to monitor the Cultural Competency Standards. The process of monitoring the implementation of the standards by service providers will be done in the form of Technical Assistance from Behavioral Health Services, with the intent of working together toward compliance.

New requirements from the state for dealing with the American Indian/Alaskan Native populations are being implemented. Although there is no formally recognized tribe in Clark County, outreach efforts will take place to assure that requirements are met.

Discussions around stigma continue with a commitment from the committee to work with the providers and community organizations to conduct appropriate trainings, which will hopefully address the stigma issues.

Outreach activities included a presentation to the Strategic Planning for Cultural Competence Partners Meeting in Portland, Oregon on February 8, 2002 and the distribution of materials at the Policy Council meeting in March 7, 2002.

Please see appendices 6, Cultural Competence of the CSOC in Clark County presented 2/8/2002.

VI. Family Involvement:

• Describe how family members are involved in the implementation of the grant activities: i.e., service planning, data collection and dissemination, systems planning, budget development, informing policy makers about the services needed, and in policy development.

Families continue to be involved at all levels of the system including; the Policy Council, Family Services, Committee, as Parent Partners hired by service providers, parent interviewers for PSU, as family specialists for the Connections Juvenile Justice Project, and as Parent Partners for systems navigation. Parent training activities were carried out by the Community Empowerment Project which focused on surviving the system, parent partner training, and individualized educational plans.

 Have barriers been identified in family involvement and how are they being addressed?

Parents continue to voice concerns regarding meaningful involvement. Strategies to involve parents in a new Family Action Committee being proposed by the Policy Council are under consideration.

Strategies are also being explored through the Family Resource Network, in which Parent Advisory Councils from resource centers in the county will have the opportunity to network about needs and resource identification.

VII. Social Marketing/Public Education Campaign:

 Describe any changes to your social marketing/public education plan this quarter?

No changes this quarter. Strategies for improving the social marketing efforts and continued public education at Policy Council Meetings and coverage on the websites will be enhanced as the changes in the bylaws and committee structures are put in place.

How has the national campaign team helped you this quarter.

Plans pending for re-engaging with the team.

Who were your targeted key audiences and stakeholders this quarter? What were your key messages and how were they disseminated?

Keys messages were delivered at the monthly policy council meetings.

Evaluation information and committee information continue to be shared with the general membership. Plans for expanding the message to the broader public and through partnering agencies will be undertaken as the new committee structures are underway. (April 2002)

New policy council general members continue to be oriented to the system through the use of the video and brochure completed last year.

 Have barriers to the implementation of the public social marketing/public education efforts been identified, and if so, how are they being addressed.

Defining our message clearly and succinctly continues to be our biggest challenge.

How has the national campaign team helped you this quarter.
 Becky Marquis visited with the site visit team in December. Plans are underway to connect with her next quarter.

VIII. Evaluation:

Clark County System of Care Evaluation Quarterly Report December 1, 2001 to February 28, 2001

The table below depicts the interviews completed during this three-month period, and the total interviews for the year. Interviewing began in December, 1999.

	Dec. through Feb	Cumulativ e total
Intake Descriptive Information Questionnaires	68	409
Number of children for whom baseline data collection is complete (youth and caregiver)	36	195
Number of children for whom 6-month follow- up data collection is complete	19	115
Number of children for whom 12-month follow-up data collection is complete	18	68
Number of children for whom 18-month follow-up data collection is complete	19	41
Number of children for whom 24-month follow-up data collection is complete	9	9

1. How are the positions for the national evaluation and any specific local evaluation being used to implement, interpret, and disseminate the evaluation data?

There is one full-time Family Information Specialist (interviewer) located at Columbia River Mental Health, one full-time FIS at the Department of Corrections--Juvenile Justice, one half-time Family Evaluator working with the evaluation team at PSU, and one full-time FIS with the Department of Community Services—Behavioral Health Services. The interviewer at the Department of Corrections was placed there after leaving her position at Catholic Community Services because her child was receiving services through that agency.

The FIS's continue to interview families throughout Clark County. The numbers of completed interviews are shown in the table above.

Additionally, we continued interviewing families receiving services through "Connections," a project serving intensive needs youth and families through the Department of Corrections/Juvenile Justice, and collecting "service logs" from project staff about the type and amount of services provided to the families. We held several meetings with project staff to clarify how to complete the service logs and the process of recruiting families for the study.

2. How are the results and data being disseminated, with whom, and how is it being used for policy development?

This quarter, we presented to the policy council twice. First, we presented general information about our findings on services received, changes in youth functioning, and family indicators. Second, we presented our findings on the topic of education. The presentations is available on their website (as are most of the presentations and reports from the evaluation): www.rri.pdx.edu/ClarkCo

We met with the special education administrators of several school districts to present information about the evaluation, describe the data that are collected, and proclaim our willingness to meet with them in the future to present our findings.

Plans have begun this quarter to create an evaluation listserv for monthly dissemination of our findings to all interested parties.

3. Have barriers to the implementation of the evaluation effort been identified and how are they being addressed?

The number of interviews to be completed has reached its highest point ever and the interviewers are doing an excellent job and locating families and completing interviews. There are no other major barriers to the evaluation effort.

Please see Appendices 7, Clark County System of Care Outcome Evaluation

IX. Technical Assistance and Trainings:

• Describe training activities that have occurred for your community this quarter.

The training for family-focused care included:

Surviving the System
 Core Parent Partner Training
 Cross Agency Training
 Individualized Educational Plan
 Core Parent Partner Training
 December 8, 2001
 January 4, 2002
 January 31, 2002
 February 2, 2002
 February 28, 2002

The training for Individualized care included:

• Wraparound Jan 9, 10, 11, 2002

Training for youth development included:

Community Activators

Emerging Leaders Training December 27, 28, 2001

January 21, 2002 February 28, 2002

Future plans for training.

Training for the new Community of Care Advisory Council (Formerly the Children's System of Care Policy Council) will take place during the next quarter. Ongoing monthly trainings for parents are planned as well as continued efforts in Wraparound Training.

X. Sustainability

 List percentages of your match funds which comes from public or private sources

Juvenile Justice Connections	\$252,979.19
Family & Youth Programs	\$84,362.34
CSOC Trustee Committee	\$1,485.76
Children's Home Society	\$13,336.00
Collected %	101.97%

XI. Lessons Learned

• Please list lessons learned or accomplishments your community has experienced this quarter that you would like to share with others.

The Clark County System of Care has experienced a long process of reorganizing its governing body. These efforts were in response to family and community members feeling that there voice was not being heard and that the decision making process was too complex. The reorganization has the potential to reenergize the work and regain the support of the community.

Thoughtful planning and rededication of efforts will be important to this renewal effort. At the same time, there seems to be a new buy-in to the system, because the process was very inclusive, and questions were answered regarding the new system.

Please See appendices 3, Q and A